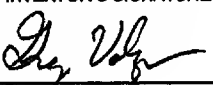
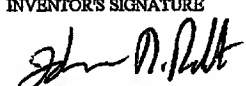



POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

In the matter of the above-identified application, please recognize the attorneys associated with **CUSTOMER NUMBER 23416**; all of **CONNOLLY BOVE LODGE & HUTZ LLP**, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

Send Correspondence To: Connolly, Bove, Lodge & Hutz, LLP P.O. Box 2207 Wilmington, Delaware 19899-2207		Direct Telephone Calls To: (302) 658-9141
FULL NAME OF SECOND JOINT INVENTOR IF ANY GREG VOLGAS	INVENTOR'S SIGNATURE 	DATE 2/18/02
RESIDENCE 7107 ANDREWS ROAD, BARTLETT, TN 38135		CITIZENSHIP US
POST OFFICE ADDRESS 6075 POPLAR AVENUE, SUITE 500, MEMPHIS, TN 38119		
FULL NAME OF SOLE OR FIRST INVENTOR JOHNNIE R. ROBERTS	INVENTOR'S SIGNATURE 	DATE 2/18/02
RESIDENCE 2790 GAILWOOD, MEMPHIS, TN 38134		CITIZENSHIP US
POST OFFICE ADDRESS 6075 POPLAR AVENUE, SUITE 500, MEMPHIS, TN 38119		
FULL NAME OF THIRD JOINT INVENTOR AMANDA HAYES	INVENTOR'S SIGNATURE 	DATE 2/18/02
RESIDENCE 3836 KEARNEY AVE., MEMPHIS, TN 38111		CITIZENSHIP US
POST OFFICE ADDRESS 6075 POPLAR AVENUE, SUITE 500, MEMPHIS, TN 38119		
FULL NAME OF FOURTH JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		

COMBINED DECLARATION AND POWER OF ATTORNEY

Atty. Docket No.:
HCC-12 (306*203)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

AGRICULTURAL FORMULATION

the specification of which

(check one) ☒ is attached hereto.

was filed on _____ as Application _____ and amended through _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, ' 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, ' 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> <input type="checkbox"/> Yes No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> <input type="checkbox"/> Yes No

I hereby claim benefits under Title 35, United States Code, ' 119 of any United States provisional application(s) listed below:

<u>60/270,311</u>	<u>February 21, 2001</u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, ' 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, ' 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, ' 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)	(patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)	(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.